

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101581946

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2					1	
3			2		2	
4			0		2	
5			1		1	
6			8		2	
7			0		2	
8			0		—	
9			0		2	
10			0		2	
11					2	
12					2	
13					2	
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42					2	
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45					2	
46					2	
47					2	
48					2	
49					2	
50					2	
TOTAL IND.			1		1	
TOTAL DEP.			10		28	
TOTAL CLAIMS			11		29	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.			↓		↓	
TOTAL CLAIMS			↓		↓	